Preadmission Screening Resident Review Power Point

OBRA 1987 amended 1990

Requirements of PASRR

- PASRR screening consists of 2 parts
 - Level I
 - Level II

- PASRR requirements have not changed.
- A need to refocus emphasis on process and forms has been identified.

HISTORY OF PASRR

 For a state to have its Medicaid plan approved by the Centers for Medicare and Medicaid Services (CMS), it must maintain a PASRR program that complies with the relevant federal laws and regulations.

HISTORY OF PASRR

- Rules for Completion
- Information Used
- Timelines

Are clearly identified in CFR 483.102 – 483.136

HISTORY OF PASRR

- The PASRR program was enacted out of concern resulting from initial de-institutional efforts, and that many people with
 - Mental Illness
 - » Major Mental Illness (MMI)
 - » Significant Mental Illness (SMI)
 - Intellectual Disability (ID)
- Are appropriately placed in nursing facilities
- Will receive specialized services if needed

EVERYONE who applies for admission to a nursing facility (NF) must be "screened" for evidence of major mental illness (MMI/MI) and/or intellectual disability(ID), developmental disabilities, or related conditions

PASRR screening must occur regardless of payment source.

The intent is to ensure that all NF applicants are

- Thoroughly evaluated
- Placed in a NF only when appropriate
- Receive all necessary services while there

PASRR is concerned with:

- Patient's rights
- •Quality of care
- Appropriate care
- Quality of Life

The 1999 Olmstead US Supreme Court case requires that we all be concerned about the care provided in the least restrictive setting appropriate to the persons needs.

Least Restrictive

Most Appropriate

The NF must <u>not</u> admit an applicant who has MI and/or ID unless the appropriate state agency has determined whether:

- the individual needs the level of services that a NF provides (meets NF level of care)
- •Whether the individuals that need NF services also need high intensity "specialized services"

MI/SMI Definitions

The federal definition of MI for PASRR is best understood in terms of the four "D's"

A diagnosis or suspicion of a major mental illness such as schizophrenia, bipolar disorder, major depression, or an anxiety disorder such as OCD.

MI/SMI Definitions

 An absence of dementia. If dementia is also present (co-morbid with) MI, it cannot be the primary diagnosis. The individual's MI must be more serious than their dementia.

 A well defined duration. To be relevant, intensive psychiatric treatment for MI must have taken place within the last two (2) years.

MI/SMI Definitions

 A particular level of disability. The individual's MI must have resulted in functional limitations in major life activities within the past 3 to 6 months. The individual need not have received treatment. It is the severity and recent timeframe of impairment that matters, not whether the individual was hospitalized or even saw a mental health professional.

ID Definitions

The federal definition of ID for PASRR was published in 1983 by the American Association on Intellectual and Developmental Disabilities (AAIDD), formerly called the American Association on Mental Retardation (AAMR).

ID Definitions

- Requires an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning.
- Encompasses a wide range of conditions and levels of impairment
- Must have concurrent impairments in adaptive functioning
- Must manifest before the age of 22
- Must be likely to persist throughout a person's life.

ID Related Conditions Definition

PASRR is intended to identify and evaluate individuals with "related conditions" including autism, cerebral palsy, Down Syndrome, fetal alcohol syndrome, muscular dystrophy, seizure disorder, and traumatic brain injury.

ID Related Conditions Definition

- Conditions that are not a form of intellectual disability
- Produces similar functional impairments
- Requires similar treatment or services
- Must manifest before the age of 22
- Must be expected to continue indefinitely
- Must result in substantial functional limitations in
 3 or more major life activities

Major Life Activities

- Self Care
- Understanding and use of language
- Learning
- Mobility
- Self Direction
- Capacity for independent living

Level I - HW 0087

First Step of PASRR Process

 Can be completed by physician or discharge planner who is an RN or Licensed Social Workers

Identifies who may have a serious MI condition and/or ID

Level I Hospital Completion

Hospital staff may experience disincentive to trigger a Level II due to pressure to discharge

- Significant MI and ID diagnosis will be present the day the person is admitted to the hospital
- Discharge Planning can start on day one if it is suspected the person may have a positive Level I, and may need NF admission

Level I Hospital Completion

Hospital staff has easy access to the individual and/or family

 A new Level I (HW 0087) has been developed to facilitate gathering of factual information The HW 0087 must be completed in it's entirety including all demographics and answering of all questions.

HW 0087

Level 1 Pre-Admission Screening and Resident Review (PASRR)

First Name:	Middle Initial:	Last Name:		
Mailing Address: City:	State:	Zip:	Phone:	
Social Security #: MID:	Gender \square M	ale 🗌 Female	Date of Birth:	
Current Location: Medical Facility Psychiatri	ic Facility Nursing Fac	ility 🗌 Commun	ity/Home 🗌 (Other
Proposed NF Admission Date: / /	Receiving	Nursing Facility:		
Receiving Nursing Facility Address:	City:		State:	Zip:
Legal Representative		Phone		
Mailing Address:	City:		State:	Zip:

Section I: MENTAL ILLNESS						
1. Does the individual have any of the following Major Mental Illnesses (MMI)? No Suspected: One or more of the following diagnosis is suspected (check all that apply) Yes: (check all that apply) Schizophrenia Paranoid Disorder Schizoaffective Disorder Major Depression Psychotic/Delusional Disorder Bipolar Disorder (manic depression)	2. Does the individual have any of the following mental disorders? No Suspected: One or more of the following diagnoses is suspected (check all that apply) Yes: (check all that apply) Personality Disorder Anxiety Disorder Panic Disorder Depression (mild or situational)	3. Does the individual have a diagnosis of a mental disorder that is not listed in #1 or #2? (do NOT list dementia here) No Yes (if yes, enter the diagnosis(es) below:) Diagnosis 1: Diagnosis 2:				

	Section II: SYM	MPTOMS	
4. Interpersonal – Currently or within the past 6 months, has the Individual exhibited interpersonal symptoms or behaviors [not due to a medical condition]? No Yes Serious difficulty interacting with others Altercations, evictions, or unstable employment Frequently isolated or avoided others or exhibited signs suggesting severe anxiety or fear of strangers		5. Concentration/Task related symptoms – Currently or within the past 6 months, has the individual exhibited any of the following symptoms or behaviors [not due to a medical condition]? No Yes Serious difficulty completing tasks that she/he should be capable of completing Required assistance with tasks for which she/he should be capable of completing Substantial errors with tasks in which she/he completes	
	Adaptation to change — Currently or within the past 6 months, has the in adapting to change? No Yes Severe appetite disturbance Suicidal Talk/Ideations Hallucinations or delusions History of suicide attempt or Serious loss of interest in thin gestures Excessive tearfulness Physical violence Excessive irritability Physical threats (with Physical threats (no potential potential for harm)	8. Other major mental health symptoms (this may include recent symptoms that have emerged or worsened as a result of recent life changes as well as ongoing symptoms. Describe Symptoms:	

Section III: HISTORY OF PSYCHIATRIC TREATMENT					
9. Currently or within the past 2 years, has the individual received any	10. Currently or within the past 2 years, has the individual				
_of the following mental health services? ☐ No	experienced significant life disruption because of mental				
Yes (the individual has received the following service[s])	health symptoms? No Yes (check all the apply)				
Inpatient psychiatric hospitalizations (if yes, provide date:)	Legal intervention due to mental health symptoms (date:)				
Partial hospitalization/day treatment (if yes, provide date:)	Housing change because of mental illness date:				
Residential treatment (if yes, provide date:)	Suicide attempt or ideation (date(s):)				
Other: (if yes provide date:)	Other (date:)				
11. Has the individual had a recent psychiatric/behavioral evaluation? No Yes (date:)					

Section IV: DEMENTIA					
12. Does the individual have a <i>PRIMARY</i> 13. If yes to #12, attach corroborative testing or other information available to					
diagnosis of dementia or Alzheimer's disease		verify the Presence or progression of the dementia? No Yes (check all that apply) Dementia work up Mental Status Exam Other (specify)			
14. <u>If yes to 12, list currently prescribed antic</u>	lepressant or antipsychotic medications <u>l</u>	isted on the Beer's List.			
Medication	Dosage MG/Day	Refer to Beer's List			
		Does dosage exceed Beer's List? ☐ No ☐ Yes			
Does dosage exceed Beer's List? ☐ No ☐					
Does dosage exceed Beer's List? ☐ No ☐ Yes					

Section V: PSYCHOTROPIC MEDICATIONS							
15. Has the individual been prescribed psychoactive (mental health) medications other than those listed in question 14? No Yes *Do not list medications if used for a medical diagnosis or medications used for the treatment of behaviors r/t a medical condition i.e. Dementia. List any medications used that resulted in an adverse reaction.							
Medication	Dosage MG/Day	Diagnosis	Started	Ended			

Section VI: INTELLECTUAL DISABILITIES & DEVELOPMENTAL DISABILITIES					
16. Does the individual have a diagnosis of intellectual disability (ID) or developmental disability (DD) or related condition? No Yes Related Condition diagnosis which impairs intellectual functioning or adaptive behavior:	17. Does the individual have any history of ID or DD? No Yes				
☐ Down Syndrome ☐ Cerebral Palsy ☐ Autism ☐ Epilepsy ☐ Fetal Alcohol Syndrome ☐ Closed Head Injury ☐ Other: Substantial functional limitations in 3 or more of the following	18. Is there presenting evidence of a cognitive or behavioral impairment prior to age 22 or suspicion of ID condition that occurred prior to age 22? ☐ No ☐ Yes				
secondary to Related Condition Mobility Learning Capability of independent living Understanding use of language Self Care Self Direction Did the condition manifest prior to age 22? No Yes	19. Has the individual ever received services from an agency that serves people affected by ID/DD? ☐ No ☐ Yes Agency:				

Signature of Physician or Ho	spital Discharge Planner (RN or l	LSW)	Phone	Date	
If not completed by Physi	cian or Discharge Planner, th	is form must be c	ompleted by <u>both</u> of	the following:	
For Section I-V only:		For	Section VI only:		
Signature of QMHP		Sign	nature of QIDP		
Qualification/Job Title	Date	e Qua	alification/Job Title	D	ate
_1 _6 _7 _9 _:	of Long Term Care (l	□17 □18 □1	9 AND comple	ete notification below	
	: ⊔History & Physical □Discharge Orders/Sum			□Level of Care Certificat LAssessment	ion

Notification of MH/DD review:				
and/or intellectual disabilities/devel	has been identified with possibl opmental disabilities and requires further screening		lness	
This is mandated by Omnibus Budge	t Reconciliation Act of 1987, per Section 1919 (b)(3)	(F).		
You may be contacted by a represer results of the screening when it is co	ntative of the Department of Health and Welfare con mpleted.	cerning further screenii	ngand	;
Print Individual Name	Signature of Individual:	Date	1	1
Signature of Legal representative/G	uardian	Date	1	/

Additional Documentation

- Mini mental exam
 - Assessment to verify the presence of Alzheimer's/Dementia as a primary diagnosis
- Beer's List
 - Identify antidepressant/antipsychotic medications used for treatment of behaviors associated with Alzheimer's/Dementia or other Organic conditions
- Geriatric Depression Scale
 - Screening tool used to identify the presence of depression in the elderly

30 Day Hospital Exemption

HW 0087/Level I is positive for MI/ID diagnosis

 The physician writes an order that the person is being discharged to a NF from a hospital for rehab and the stay is less than 30 days.

 Level I needs to be forwarded to Medicaid Bureau of Long Term Care (BLTC) to make determination

Level II- HW 0090

PASRR process continues

 Completed by BLTC and the MH/DD authorities using information from HW0087 and required documentation

- 2 decisions are made
 - Nursing Facility level of care
 - Need for specialized services or services of lesser intensity

HW 0090				
	LEVEL II PASRR SCREENING			
	FOR NURSING FACILITY PLACEMENT			
Name:	MID:		SSN:	
NF:	Admit Date	e: _	/ /	
	Part 1			
	THE FOLLOWING DATA MUST BE USED TO MAKE A DETERMINA	TION	:	
Date:				
	Physician's Medical Evaluation and Physical Examination			
	Physician's Plan of Care, including prognosis			
	Physician's Certification of Level of Care			
	Psychiatric/Psychological Evaluations, if available			
	Social Information			
	Level 1 Preadmission Screen (HW 0087)			

□ 2	0. Individual does not meet nurs	ing facility level of care ar	nd may not be admitted or	continue to reside
	in a Medicaid certified facility	,		

Section VII EXEMPTION AND CATEGORICAL DECISIONS

21. EXEMPTIONS ADDITIONAL LEVEL II EVALUATION NOT NEEDED
a. Nursing Facility Readmission after hospital stay for the purpose of receiving care
b. Interfacility transfer (Screen complete/current) from one facility to another with or without intervening medical/
Hospital stay
c. Swing bed
d. Admission meets criteria for Hospital Exemption
And meets all the following and has a known or suspected MMI or ID/DD Diagnosis:
Admission to NF directly from hospital after receiving acute medical care, and
Need for NF is required for the condition treated in the hospital
(specify condition):
The attending physician has certified prior to NF admissions the individual will require less than 30
calendar days of NF services – and – the individual's symptoms or behaviors are stable.
Physician Name
Physician Phone Fax
Additional Comments:

^{*}Individuals meeting (d) criteria are exempt from Level II screens for 30 calendar days. The receiving facility must update the Level 1 screen at such time that it appears the individuals stay will exceed 30 days and no later than the 40th calendar day.

22. CATEGORICAL DETERMINATION
LEVEL II EVALUATION NEEDED IF ADMISSION EXCEEDS CATEGORICAL DETERMINATION LIMIT.
REFER TO MH/DD AUTHORITY FOR DECISION.
Individual meets NF eligibility and does not require specialized services for the time limit specified.
 a. Emergency protective service situation for MI/ID /RC individual needing 7 calendar days NF placement b. Delirium precludes the ability to accurately diagnose. A Level II Evaluation is required at such time that the
Delirium clears and/or no later than <u>7 calendar days</u> from admission.
\square c. Respite is needed for in-home caregivers to whom the MI/ID /RC individual will return within 30 calendar days

HW 0090
Name:
23. ADVANCED GROUP CATEGORICAL DETERMINATIONS - FURTHER EVALUATION FOR SPECIALIZED SERVICES NEEDED. REFER TO MH/DD AUTHORITY FOR DECISION.
a. Does the admission meet the criteria for Terminal Illness? Has a known or suspected MMI or ID/DD and Physician has certified in writing that the patient has 6 months or less to live. The physician signed certification must be submitted (check on in 6 months).
b. Does the admission meet the criteria for Severity of Illness? (Has a known or suspected MMI or ID/DD and is ventilator dependent or comatose functioning at a brain stem level, or diagnoses such as COPD, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services.) (check in 1 year)
 c. Does the admission meet criteria for 120 days Non-Exempt Convalescence? (meets all of the following and has a known or suspected MMI or ID/DD) Admission to NF directly from hospital after receiving acute medical care; and Need for NF is required for the condition treated in the hospital; and Convalescent stay that doesn't meet Hospital Exemption criteria (check in 120 days). d. Dual diagnosis of ID/Related conditions and Dementia

Section VIII: OUTCOME
Utilizing information from the HW0087
24. Are any of the following numbers checked Yes, or Suspected: 1 6 7 9 10 14 15 16 17 18 19
25. Check if #2 is checked Yes or Suspected and any areas in #4-7 are checked
26. If #2 is checked Yes or Suspected for mild or situational depression, and/or mild anxiety, and #15 is checked Yes for medication usage to address those diagnosis(es) then check #32.
27. Check if #4 or 5 or (any areas in) #7 are marked Yes and #12 is No
28. If #12 is checked Yes and supported by #13 and meds in #14 are within Beer's list guidelines, and #1 and #3 are checked No then check #32.
29. If any of questions #24, 25 or 27 are checked and #26 and/or #28 does NOT apply: Further evaluation is required. Check #31 and complete guardianship information and forward to MH/DD Authority.
30. If any of questions #24, 25 or 27 are checked and #26 and/or #28 does apply: No further screening is required, check #32 and proceed to Section IX.
31. Individual meets criteria for NF level of care. Further evaluation for specialized services required: Proceed to MH/DD Authority Evaluation
32. Individual meets criteria for NF level of care and NO further evaluation for specialized services required.
Comments:

HW 0090 Name:			
Does the individual have a le	gal guardian/POA/Informal Decision Maker? tative Yes, legal representative informat	ion is below:	
Representative Name			
Street	City	State	Zip

			Part 2	
		Section IX: M	MEDICAID SIGNATURE	
Print Name			Signature	
Region	Phone	Fax:	Date:	

MH/DD AUTHORITY TO COMPLETE THE FOLLOWING: Check all that apply:
33. Individual has a current diagnosis of severe mental illness per PASRR criteria:
34. Individual is intellectually disabled and/or has a related condition: CONCLUSION: 35. Specialized services are not normally needed because of: Terminal illness Severity of illness 120 day Convalescent ID/RC and Dementia 36. This individual is exempt from a Level II Evaluation
37. This individual requires further individualized evaluation for specialized services MI-forward all information and the HW0088 form to Independent Evaluator to complete ID – complete HW0089 form
Comments:
Section X: MH/DD AUTHORITY SIGNATURE
Print Name Signature
Region Phone Fax: Date:

Appeal Rights		
You have the right to appeal 20, 33, and 34 if you do not agree with this decision.	You may request a fair hearing.	To request a
fair hearing, complete information below and send this form to:		

Administrative Procedures Section
Idaho Department of Health and Welfare
450 West State Street – 10th Floor
Boise, ID 83720-0036

Fax: (208) 334-6558

You have 28 (twenty eight) days from the date of this notice is mailed to request a fair hearing. Your freedom to make a request for a hearing will not be limited to or interfered with in any way.

You may be represented at the hearing by yourself, an attorney, or any person of your choosing.

Why do you believe this action of	the Department was wrong?	
Name:		
Relationship to Participant:		
Date:		

Nursing Facility Residents – Status Change PASSR FACT SHEET

A resident reassessment must be completed when there has been a "significant change" in a nursing facility resident's mental health condition.

The nursing facility is responsible for identifying these changes and notifying their local BLTC to conduct a resident reassessment.

Nursing Facility Residents – Status Change

- A PASRR status change or "significant change of condition" for nursing facility residents means a major decline or improvement in the resident's status that
 - Will not normally resolve itself without further intervention by staff or implementing standard disease – related clinical interventions
 - Impacts on more than one area of the resident's health status
 - Requires interdisciplinary review or revision of the care plan, or both

Federal Regulations Title 42 Volume 3 Part 483.20

Criteria for PASRR Status Change

- Changes in medication or diagnosis
- New diagnosis of Major Mental Illness
 - Major Depression, Schizophrenia, Schizoaffective, Bipolar, Dysthymia, Cyclothymia, Psychotic DO NOS, Paranoid DO
- A significant increase (double or more) in the dosage of any psychiatric meds used for a mental health condition.

Criteria for a PASRR Status Change

- New signs or symptoms of a mental illness that are not reflected on the most recent PASRR review
 - Medical causes such as UTI's, abnormal labs or med reactions should be ruled out first.
- Initial prescription of psychiatric medication for a mental health condition.
 - Any antidepressant for depressive symptoms or any depression diagnosis
 - Any antipsychotic for psychosis above dosages on the Beer's List for use with dementias.

Criteria that <u>**DO**</u> NOT indicate a PASRR Status Change:

- New diagnosis of anxiety or personality disorder
- New diagnosis of situational depression
- Dementia <u>with</u> ...diagnoses
 - Dementia with depression
 - Dementia with agitation, etc.
- Psychiatric medications used for medical condition
 - Elavil for neuropathy
 - Depakote for Seizure D/O, etc.

Criteria that <u>**DO**</u> NOT indicate a PASRR Status Change:

- Medications within the Beer's List limits including antidepressants for insomnia
- Medication increases less than doubling the dosage
- Medication changes within category
 - Changing from one antidepressant to another
- Signs or symptoms of a mental illness already identified in a PASRR review.

BLTC Regional Contacts

Region 1	Region 2
Jean O'Keefe	Lisa Deyoe
208-769-1567 x8812	208-799-4434 Region 2 Fax 208 700 F167
Region 1 Fax 208-666-6856	Region 2 Fax 208-799-5167
Region 3	Region 4
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208-455-7123	208-334-0948
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Region 5	Region 6
Sue Harvey	Rick Bigler
Sue Harvey 208-732-1483	Rick Bigler 208-239-6264
208-732-1483	208-239-6264
208-732-1483 Fax 208-736-2116	208-239-6264
208-732-1483 Fax 208-736-2116 Region 7	208-239-6264

PASRR Technical Assistance Center PTAC

http://www.pasrrassist.org/